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Family Support and Anxiety Level of HCU Patient

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ABSTRACT

Anxiety is prone to occur in patients in the intensive care unit. One factor that can reduce anxiety is family support. The purpose of this study was to determine the relationship between family support and the anxiety level of HCU patients at RSUD Dr. Soedono, East Java Province. This study used descriptive quantitative research. The population in this study were patients admitted to the HCU room at RSUD Dr. Soedono East Java Province in February 2024. The sample used was 30 patients who were determined using purposive sampling technique. The instrument used was a family support questionnaire modified from the Sitanggang questionnaire (2015), while the anxiety level was measured by HARS. Data were analyzed using the Spearman Rank test. The results showed that out of 30 HCU patients at RSUD Dr. Soedono East Java Province, more than half had high family support, while more than half had mild anxiety levels and no anxiety. There is no significant relationship between family support and anxiety level in HCU patients at RSUD dr. Soedono. The anxiety level of patients in the HCU is not only influenced by family support, there are other factors that can affect it such as length of treatment, experience of being treated, level of knowledge and treatment room environment.

Keyword :Family support; Anxiety level; HCU

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INTRODUCTION

Anxiety can occur when feeling threatened, either physically or psychologically (1). Anxiety can occur at any time, someone who is hospitalized can cause unpleasant feelings and fear and consider that it is an emergency situation they face (1). There are many causes of fear and anxiety of hospitalized patients such as fear of medical treatment, fear of death, shock, rejection, fear of physical changes (disability), fear of expensive medical expenses and lack of health insurance. These are common reactions to stress (2).

Anxiety is prone to occur in patients in the intensive care unit. This is due to the high emotional state felt by patients and families due to anxiety about the disease, the atmosphere of the hospitalization room which is full of tools that support their treatment and are separated from their families with certain visiting hours provided by the hospital. According to the rules imposed by RSUD Dr. Soedono East Java Province, the visiting hours for patients are in the morning at 11:00 am to 1:00 pm and in the afternoon at 5:00 pm to 7:00 pm, when the visiting hours have expired, the patient's family or visitors are expected to leave the room.

For patients who are treated in the observation room, the patient's family can wait outside the room, not allowed to enter the treatment room except in certain circumstances with the permission of the health worker on duty. For families of patients who are waiting for their families to be treated in the intensive room, a special room has been provided by RSUD Dr. Soedono East Java Province.

The HCU is one of the intensive rooms that applies visiting hours and differentiates the room between the patient and the patient's family. The implementation of HCU is regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 834 / MENKES / SK / VII / 2010 concerning Guidelines for the Implementation of High Care Unit Services (3). HCU serves patients who need treatment, care and observation strictly according to predetermined standard operational procedures with services between the ICU and inpatient rooms, patients who are in the HCU and have not been hospitalized because they need regular observation (4).

The results of research conducted by Kusumastuti (2018) showed that out of 30 data obtained as much as 80%, there was no family support (Non Supportive). From these data, there are still many patients who have not received good support, but 20% of respondents have received good family support. Respondents who did not experience anxiety with a percentage of 26.7%. Respondents experienced mild anxiety levels with as much as 50%, moderate anxiety levels with a percentage of 10%, and severe anxiety levels with a percentage of 13.3%. This shows that high levels of anxiety can occur in one of the intensive care rooms, namely the High Care Unit (HCU) room.

One of the factors that can reduce anxiety is family support. The family is a small group of individuals who are closely related and dependent on each other. Family support is a process of relationship between the family and the social environment, family support is assistance that can be provided in the form of goods, services, information, and advice, so that the recipient of support will feel loved, valued, and peaceful, (Friedman, 2010) in Saputri (2018). Support from family is one of the factors that can affect the level of anxiety in patients admitted to the HCU room. Family has an important role in providing support and reducing the anxiety that patients experience. With family support, patients can share their burdens or their complaints, and increase the patient's self-confidence in the treatment process. Family support can be material and moral, the support received is a form of expressing their feelings(6).

METHODS

This study uses descriptive quantitative research. The population in this study were patients admitted to the HCU room at Dr. Soedono Hospital, East Java Province in February 2024. The sample used was 30 patients who were determined using the purposive sampling technique. The instrument used was a family support questionnaire modified from the Sitanggang questionnaire (2015), while the anxiety level was measured by HARS. Data were analyzed using the Spearman Rank test with a significant value of 0.575.

RESULT

Description of research results, the researchers will display the results of the questionnaire.

General Data

1. Characteristics based on gender

Table 1. Characteristics based on gender

Gender	Frequency	%
Male	15	50
Female	15	50
Total	30	100

Based On the table above, the gender of HCU patients at RSUD Dr. Soedono East Java Province has the same amount of 50% each.

2. Characteristics based on job

Table 2. Characteristics based on job

Job	Frequency	%
Employment	14	47
Unemployed	4	13
Farmer	1	3
Merchant	5	17
Civil servant	4	13
Self-employed	1	3
Steel construction	1	3
Doctor	14	47
Total	30	100

Based on the table above, it is known that less than half (47%) of patients in the HCU room at RSUD Dr. Soedono East Java Province do not work.

3. Characteristics based on age

Table 3. Characteristics of Respondents Based on Age

Age	Frequency	%
>30 years	2	7
31-40 years	5	17
41 - 50 years	3	10
51 - 60 years	9	30
61 - 70 years	5	17
<70 years	6	20
Total	30	100

Based on the table above, it is known that less than half (30%) of HCU patients at RSUD Dr. Soedono East Java Province are aged 51-60 years.

Specific Data

Family Support and Anxiety Level of HCU Patients at RSUD dr. Soedono East Java Province

Table 4. Frequency distribution of family support for HCU patients at RSUD dr. Soedono East Java Province

Family Support	Frequency	%
Low	1	3
Medium	11	37
High	18	60
Total	30	100

Based on the table above, more than half (60%) of patients in the HCU room at RSUD Dr. Soedono East Java Province have high family support but a small proportion (1%) of patients have low family support.

Table 5. Frequency distribution of family support types for HCU patients at RSUD dr. Soedono East Java Province

Type of Support	Category					
	Low		Medium		High	
	f	%	f	%	f	%
Informational Support	1	3	12	40	17	57
Emotional Support	3	10	12	40	15	50
Instrumental Support	1	3	10	33	19	64
Appraisal Support	1	3	12	40	17	57

Based on the table above, it is known that more than half (64%) of HCU patients at RSUD Dr. Soedono East Java Province have high instrumental support and a small proportion (10%) have low emotional support.

Table 6. Frequency distribution of anxiety level of HCU patients in RSUD dr. Soedono East Java Province

Anxiety Level	Frequency	%
No Anxiety	10	33
Mild Anxiety	8	27
Moderate Anxiety	5	17
Severe Anxiety	3	10
Very Severe Anxiety	4	13
Total	30	100

Based on the table above, it is known that less than half (33%) of patients in the HCU room at RSUD Dr. Soedono East Java Province do not experience anxiety, and a small proportion (13%) experience severe anxiety.

Table 7. Distribution of the relationship between family support and patient anxiety levels in the HCU

		Family Support	Anxiety Level
Spearman's rho	Family Support	1.000	.107
	Correlation Coefficient		
	Sig. (2-tailed)	.	.575
	N	30	30
Anxiety Level	Anxiety Level	.107	1.000
	Correlation Coefficient		
	Sig. (2-tailed)	.575	.
	N	30	30

Based on the table above shows that the relationship between family support and anxiety level has a significant value of 0.575 (>0.05), so it can be concluded that there is no relationship.

DISCUSSION

Based on the results of research on family support for patients in the HCU at RSUD Dr. Soedono East Java Province, 30 respondents were obtained. More than half (60%) of patients in the HCU room at RSUD Dr. Soedono East Java Province have high family support but a small proportion (1%) of patients have low family support.

Family is the main support system in healthy or sick conditions (7). Family plays an important role for patients with chronic diseases and terminal illnesses in dealing with treatment. With this role, positive coping in dealing with the disease can be developed, and good family support will produce a sense of security, comfort, and encouragement for patients (8).

The researcher assumes that the results of the study are high family support because the family is able to provide a sense of security and comfort to patients admitted to the HCU. The HCU room is a room that applies visiting hours and differentiates the room between patients and families. The majority of patients take advantage of visiting hours that apply to share the burden or share complaints experienced so that families can provide attention and support for patients. Visiting hours that apply in the HCU room at RSUD Dr. Soedono East Java Province are in the morning at 06.30 - 07.00 WIB, afternoon at 11.00 - 13.00 WIB, and afternoon at 17.00 - 19.00 WIB. This shows that families carry out psychological functions and family duties in the health sector well. However, patients with low family support tend to keep their problems to themselves.

Based on the results of research from 4 types of family support, more than half (64%) of HCU patients at RSUD Dr. Soedono East Java Province have high instrumental support and a small proportion (10%) have low emotional support.

Instrumental support is direct and tangible support, such as lending money (9). Instrumental support is support provided when the family has financial limitations (10).

Researchers assume that the results of instrumental support research are high because in terms of medical expenses patients in the HCU have BPJS to support their treatment, in terms of the needs of each patient in the HCU requires hygiene needs such as pampers, tissues, sabin tools the family is able to fulfill this. High emotional support is evidenced by utilizing visiting hours that apply to share burdens or share complaints experienced. The majority of patients' assessment support is high, this shows that the family is able to provide attention and support for outgoing members when they are sick. High information support shows that the family is able to provide advice, and suggestions and provide information that can be used to solve problems that arise. While emotional support, there are 3 patients who have low emotional support, emotional support can be provided by the family as a safe and comfortable place, as well as the family as an emotional controller for sick families, but in these 3 patients, the family has not been able to control emotions.

Based on the results of research on the level of anxiety of patients in the HCU of RSUD Dr. Soedono East Java Province with 30 respondents, it was found that less than half (33%) of patients in the HCU room of RSUD Dr. Soedono East Java Province did not experience anxiety and a small proportion (13%) experienced severe anxiety.

According to (11) sick conditions can threaten family welfare and can cause stress responses in patients. Anxiety shown through attitudes, feelings of worry, anxiety, fear, and threat is a natural psychological response (12).

According to the researcher's opinion, anxiety occurs because of the fear of not curing the disease and there will be a recurrence of the disease suffered. The HCU room is a total care room that applies predetermined visiting hours and there are different rooms for patients and families, which is the cause of patient anxiety for respondents who experience severe anxiety. The results obtained when

filling out the questionnaire, 3 respondents said they wanted one room with their family without a separator. This causes fear, and distrust other than their own family. While respondents with no anxiety believe that in the HCU room only briefly and temporarily, if the condition is stable and does not require regular monitoring, they will be transferred to the low care room or inpatient room.

Based on the results of the spearman rank test, it shows that the relationship between family support and anxiety level has a significant value of 0.575 (>0.05), so the relationship is not significant and not related.

Family support has no effect on anxiety, there are other factors that can affect anxiety such as gender, length of treatment, experience of being treated, level of knowledge, and treatment room environment (13). According to (14) anxiety is caused by perceptions of treatment in the ICU room, patients and families often consider that treatment in the ICU room as a threat to their life and health.

In the researcher's opinion, anxiety in this study was not only caused by family support. In addition to the family support factor, age is one of the contributing factors, where the majority of patients in the HCU are 51-60 years old. This affects the anxiety that is felt. Age and experience influence each other, the more mature a person is, the more mature his maturity will increase, the wiser, rational thinking, emotional control and tolerance attitudes will increase. Anxiety can occur due to fear of not curing the disease, recurrence of the disease, actions taken on each patient in the HCU and length of treatment. The length of time the patient is in the HCU room depends on the patient's condition, if the patient's condition shows improvement, the transfer from the HCU room to Low Care is fast.

CONCLUSION

Based on the results of this study it can be concluded that more than half of HCU patients at RSUD Dr. Soedono East Java Province have high family support, more than half of HCU patients at RSUD Dr. Soedono East Java Province have mild anxiety levels and are not anxious and there is no significant relationship between family support and anxiety levels at RSUD Dr. Soedono East Java Province. It is therefore expected to use the results of this study as a reference to design more in-depth research on the spiritual support of HCU patients, It is recommended for the patient's family to continue to provide consistent support to family members who are admitted to the HCU, as well as being actively involved in the education process about the patient's health condition. It is also important to maintain open communication with the care team, and nurses are needed who are more communicative, patient and have high attention to each patient and educate about the importance of family support and the anxiety of each patient hospitalized.

REFERENCES

1. Sentana AD. Analisis Faktor-Faktor yang Mempengaruhi Tingkat Kecemasan Keluarga Pasien yang Dirawat di Ruang Intensif Care RSUD Provinsi NTB Tahun 2015. *J Chem Inf Model* [Internet]. 2016;10, No.2,(9):1689–99.

2. Mardiono S. Tingkat Kecemasan Keluarga Terhadap Perubahan Status Kesehatan Pada Pasien Kritis Di Ruang Rawat Inap Intensif Care Unit (Icu). *J 'Aisyiyah Med* [Internet]. 2018;2(1).
3. Yuhelmi Y, Maiyestati M, Zarfinal. Pelaksanaan Pelayanan Kesehatan Bagi Pasien Untuk Mendapatkan Hak Pelayanan Hcu (HIGH CARE UNIT) di RSUP Dr. M. Djamil Padang. 2022;
4. Kemenkes RI. KMK No. 834 ttg High Care Unit.pdf [Internet]. 2010. Available from: <https://kebijakankesehatanindonesia.net/sites/default/files/file/2011/kepmenkes/KMK No. 834 ttg High Care Unit.pdf>
5. Kusumastuti A. Dukungan Keluarga Menurunkan Kecemasan Pasien Sindrom Koroner Akut di Ruang HCU RSUP dr.Kariadi Semarang. 2018;372(2):10.
6. Misgiyanto, Susilawati D. Hubungan Antara Dukungan Keluarga Dengan Tingkat Kecemasan Penderita Kanker Serviks Paliatif. *J Keperawatan Indones*. 2019;22(2):92–100.
7. Mangera N, Dwi A, Rusman P. Hubungan Antara Dukungan Keluarga dengan Tingkat Kota Parepare. *Jurnal Mns dan Kesehat*. 2019;1(1).
8. Priyantini D, Ayatulloh D, Wibowo NA, Wijaya SA, Kristin, Indarti I, et al. Pendidikan Kesehatan Peranan Dukungan Keluarga dalam Pemenuhan Kebutuhan Spiritual Pasien. *Pengabd Masy* [Internet]. 2023;1:1050–7.
9. Budhi Nirmalajati STS. Support system; teman dalam segala situasi. *Kementeri Kesehataan Direktorat Jenderal Pelayanan Kesehat* [Internet]. 2022 Jul 28 [cited 2024 Jan 12];1–5.
10. Indariani S, Romantika IW, Mayangsari R, Keperawatan S. Hubungan Dukungan Instrumental dan Dukungan Emosional dengan Kemampuan Pasien Mengontrol Halusinasi . *Ilm Karya Kesehat*. 2022;03:8–15.
11. Pardede JA. Perilaku Caring Perawat dengan Koping dan Kecemasan Keluarga. *Indones J Nurs Pract* [Internet]. 2020;011(1):42–7.
12. Muliani R, Praghlapati A, Irman I. Pengaruh Komunikasi Terapeutik Perawat terhadap Tingkat Kecemasan Keluarga Pasien Di Ruang Perawatan Intensif. *Heal Inf J Penelit* [Internet]. 2020;12(1):63–75.
13. Saragih D, Suparmi Y. Faktor-Faktor Yang Mempengaruhi Tingkat Kecemasan Pasien Yang Dirawat Di Ruang Icu/Iccu Rs Husada Jakarta. *KOSALA J Ilmu Kesehat*. 2017;5(1):61–9.
14. Pudji Lestari , Akhmad Mustofa C. Orientasi Ruang Intensive Care Unit (Icu) Menurunkan Kecemasan Pada Pasien Pra Operasi Bedah Jantung Di Rsup Dr. Kariadi Semarang. *Pap Knowl Towar a Media Hist Doc*. 2017;